

WELCOME

Dear VA Trainee:

We greatly appreciate and value your input! We would like to hear your opinion regarding your recent training experience at the VA facility. We rely on your feedback to improve VA educational programs. The survey completion time is estimated to average 5 minutes. Your responses are completely anonymous.

Please read the following instructions before beginning the survey:

- Click on the NEXT button located at the bottom of the page to save your response and continue to the next page.
- Use the PREVIOUS button located at the bottom of the page to view/change your responses on a previous page.
- Do not use the BACK button on your browser to return to the previous page. Using your browser's BACK button may cause you to exit the survey.
- Required questions are marked by an asterisk (*).

For Health Profession Trainees who had some or all of their training AFTER JULY 1st, 2021. Only take once please.

If you have concerns that need to be addressed immediately (such as grievances, patient safety issues, ethical concerns, or other time sensitive issues), please share these concerns directly with responsible parties at your organization. Your comments on this survey may not be seen promptly enough to prevent undesirable outcomes.

SECTION I: Training Experience

* 1. During the current academic period (July 1, 2021 - June 30, 2022), you received training at a VA facility. Is that correct?

☐ YES

☐ NO

VA Facility

* 2. Please identify the VA facility where you had your most recent clinical training experience:

VA TRAINEE ONBOARDING/INPROCESSING EXPERIENCE

* 3. Please rate your level of satisfaction with your VA TRAINEE ONBOARDING/INPROCESSING EXPERIENCE (e.g. application process, background investigation process, VA PIV credential/ID badge).

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

Onboarding Processing Dissatisfied

4. Please specify the cause of dissatisfaction with your ONBOARDING EXPERIENCE . (150-Character Limit)

VA CLINICAL FACULTY/PRECEPTORS

* 5. Please rate your level of satisfaction with your VA CLINICAL FACULTY/PRECEPTORS (e.g. clinical skills, teaching ability, degree of supervision, timeliness of feedback, fairness in evaluation).

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

Clinical Faculty/Preceptors Dissatisfied

6. Please specify the cause of dissatisfaction with your CLINICAL FACULTY/PRECEPTORS. (150-Character Limit)

VA CLINICAL LEARNING ENVIRONMENT

* 7. Please rate your level of satisfaction with the VA CLINICAL LEARNING ENVIRONMENT (e.g. number and diversity of patients seen, spectrum of patient problems, time for working with patients and learning).

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

VA CLINICAL LEARNING ENVIRONMENT Dissatisfied

8. Please specify the cause of dissatisfaction with the VA CLINICAL LEARNING ENVIRONMENT. (150-Character Limit)

VA PHYSICAL ENVIRONMENT

* 9. Please rate your level of satisfaction with the VA PHYSICAL ENVIRONMENT (e.g. workspace, computer access, facility cleanliness).

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

VA Physical Environment Dissatisfied

10. Please specify the cause of dissatisfaction with the VA PHYSICAL ENVIRONMENT. (150-Character Limit)

VA WORKING ENVIRONMENT

* 11. Please rate your level of satisfaction with the VA WORKING ENVIRONMENT (e.g. welcoming/supportive environment, feeling like you are part of a team, orientation to your role).

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

VA Working Environment Dissatisfied

12. Please specify the cause of dissatisfaction with the VA WORKING ENVIRONMENT. (150-Character Limit)

Trainee Respect

* 13. I am treated with respect at work?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

Respect at Work Disagree

14. Please specify the cause of disagreement with the RESPECT AT WORK. (150-Character Limit)

OVERALL SATISFACTION

* 15. OVERALL, how satisfied are you with your VA TRAINING EXPERIENCE?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

VA EMPLOYMENT OPPORTUNITY

* 16. BEFORE your VA clinical training experience, how likely were you to CONSIDER A FUTURE EMPLOYMENT OPPORTUNITY at a VA medical facility?

- ☐ Very Likely
- ☐ Likely
- ☐ Unlikely
- ☐ Very Unlikely

* 17. AS A RESULT of your VA clinical training experience, how likely would you be to CONSIDER A FUTURE EMPLOYMENT OPPORTUNITY at a VA medical facility?

- ☐ Very Likely
- ☐ Likely
- ☐ Unlikely
- ☐ Very Unlikely

SECTION II: Demographics

* 18. Please select one of the following categories that best describes your VA Clinical Training program:

- ☐ Dentistry or Dental Auxiliary Program
- ☐ Medical Student or Physician Resident (M.D. or D.O.)
- ☐ Nursing Program including Nurse Practitioner and Licensed Practical Nursing
- ☐ Health Profession Education Program not listed above

DENTISTRY

* 19. What is the discipline or specialty of your CURRENT or MOST RECENT clinical training program in Dentistry at the VA medical facility you identified for this survey?

- ☐ Dental Assistant
- ☐ Dental Hygiene
- ☐ Dentist/General Practice
- ☐ Craniofacial Special Care Orthodontics
- ☐ Endodontics
- ☐ Maxillofacial Prosthetics
- ☐ Oral and Maxillofacial
- ☐ Oral Medicine
- ☐ Orthodontics & Dentofacial Orthopedics
- ☐ Orthodontics/Periodontics
- ☐ Periodontics
- ☐ Prosthodontics
- ☐ Prosthodontics/Maxillofacial Prosthetics
- ☐ Other:

EDUCATION

* 20. What is the level of your CURRENT or MOST RECENT health professions education program in Dentistry?

- ☐ Certificate (Pre-Baccalaureate)
- ☐ Diploma (Pre-Baccalaureate)
- ☐ Associate Degree
- ☐ Baccalaureate Degree
- ☐ Post-Baccalaureate Internship
- ☐ Masters Degree
- ☐ Post-Masters Internship or Fellowship
- ☐ Dental Student
- ☐ Postdoctoral Residency or Fellowship

DENTAL STUDENT

* 21. What is the level of your CURRENT or MOST RECENT education program in Dentistry?

- ☐ Dental Student - 1st Year
- ☐ Dental Student - 2nd Year
- ☐ Dental Student - 3rd Year
- ☐ Dental Student - 4th Year

DENTAL RESIDENCY or FELLOWSHIP

* 22. What is the level of your CURRENT or MOST RECENT education program in Dentistry?

- ☐ Postdoctoral Residency or Fellowship Year 1
- ☐ Postdoctoral Residency or Fellowship Year 2
- ☐ Postdoctoral Residency or Fellowship Year 3
- ☐ Postdoctoral Residency or Fellowship Year 4
- ☐ Postdoctoral Residency or Fellowship Year 5
- ☐ Postdoctoral Residency or Fellowship Year 6
- ☐ Postdoctoral Residency or Fellowship Year 7

MEDICAL STUDENT or PHYSICIAN RESIDENT (M.D. or D.O.)

* 23. What is the specialty of your CURRENT or MOST RECENT clinical physician training program at the VA medical facility you identified for this survey?

- ☐ Medical Student
- ☐ Allergy and Immunology
- ☐ Anesthesiology
- ☐ Colon and Rectal Surgery
- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Family Medicine
- ☐ Internal Medicine
- ☐ Medical Genetics and Genomics
- ☐ Neurological Surgery
- ☐ Neurology
- ☐ Nuclear Medicine
- ☐ Obstetrics and Gynecology
- ☐ Ophthalmology
- ☐ Orthopaedic Surgery
- ☐ Osteopathic Neuromusculoskeletal Medicine
- ☐ Otolaryngology

- ☐ Pathology
- ☐ Pediatrics
- ☐ Physical Medicine and Rehabilitation
- ☐ Plastic Surgery
- ☐ Preventive Medicine
- ☐ Psychiatry
- ☐ Radiation Oncology
- ☐ Radiology
- ☐ Surgery
- ☐ Thoracic Surgery
- ☐ Transitional Year
- ☐ Urology

MEDICAL STUDENT

* 24. What is the level of your CURRENT or MOST RECENT clinical physician training program?

- ☐ Medical Student - 1st year
- ☐ Medical Student - 2nd year
- ☐ Medical Student - 3rd year
- ☐ Medical Student - 4th year

MEDICAL RESIDENCY or FELLOWSHIP

* 25. What is the level of your CURRENT or MOST RECENT clinical physician training program?

- ☐ Residency or Fellowship - PGY1
- ☐ Residency or Fellowship - PGY2
- ☐ Residency or Fellowship - PGY3
- ☐ Residency or Fellowship - PGY4
- ☐ Residency or Fellowship - PGY5
- ☐ Residency or Fellowship - PGY6
- ☐ Residency or Fellowship - PGY7
- ☐ Residency or Fellowship - PGY8
- ☐ Residency or Fellowship - PGY9

ANESTHESIOLOGY SUBSPECIALTIES

* 26. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Adult Cardiothoracic
- ☐ Anesthesiology Critical Care Medicine
- ☐ Clinical Informatics
- ☐ Hospice and Palliative Medicine
- ☐ Obstetric Anesthesiology
- ☐ Pain Medicine
- ☐ Pediatric Anesthesiology
- ☐ Regional Anesthesiology and Acute Pain Medicine

DERMATOLOGY SUBSPECIALTIES

* 27. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Dermatopathology
- ☐ Micrographic Surgery and Dermatologic Oncology

EMERGENCY MEDICINE SUBSPECIALTIES

* 28. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Clinical Informatics
- ☐ Emergency Medical Services
- ☐ Medical Toxicology
- ☐ Pediatric Emergency Medicine
- ☐ Sports Medicine
- ☐ Undersea and Hyperbaric Medicine

FAMILY MEDICINE SUBSPECIALTIES

* 29. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Clinical Informatics
- ☐ Geriatric Medicine
- ☐ Hospice and Palliative Medicine
- ☐ Sports Medicine

INTERNAL MEDICINE SUBSPECIALTIES

* 30. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Adult Congenital Heart Disease
- ☐ Advanced Heart Failure and Transplant Cardiology
- ☐ Cardiovascular Disease
- ☐ Clinical Cardiac Electrophysiology
- ☐ Clinical Informatics
- ☐ Critical Care Medicine
- ☐ Endocrinology, Diabetes, and Metabolism
- ☐ Gastroenterology
- ☐ Geriatric Medicine
- ☐ Hematology
- ☐ Hematology and Medical Oncology
- ☐ Hospice and Palliative Medicine
- ☐ Infectious Disease
- ☐ Internal Medicine-Pediatrics
- ☐ Interventional Cardiology
- ☐ Medical Oncology
- ☐ Nephrology

- ☐ Pulmonary Critical Care
- ☐ Pulmonary Disease
- ☐ Rheumatology
- ☐ Sleep Medicine
- ☐ Transplant Hepatology

MEDICAL GENETICS AND GENOMICS SUBSPECIALTIES

* 31. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Clinical Informatics
- ☐ Medical Biochemical Genetics
- ☐ Molecular Genetic Pathology

NEUROLOGICAL SURGERY SUBSPECIALTIES

* 32. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Endovascular Surgical Neuroradiology

PLASTIC SURGERY SUBSPECIALTIES

* 33. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Hand Surgery
- ☐ Craniofacial Surgery

OBSTETRICS AND GYNECOLOGY SUBSPECIALTIES

* 34. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Female Pelvic Medicine and Reconstructive Surgery
- ☐ Gynecologic Oncology
- ☐ Maternal-Fetal Medicine
- ☐ Reproductive Endocrinology and Infertility

OPHTHALMOLOGY SUBSPECIALTIES

* 35. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Ophthalmic Plastic and Reconstructive Surgery

ORTHOPAEDIC SURGERY SUBSPECIALTIES

* 36. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Adult Reconstructive Orthopaedic Surgery
- ☐ Foot and Ankle Orthopaedic Surgery
- ☐ Hand Surgery
- ☐ Musculoskeletal Oncology
- ☐ Orthopaedic Sports Medicine
- ☐ Orthopaedic Surgery of the Spine
- ☐ Orthopaedic Trauma
- ☐ Pediatric Orthopaedic Surgery

OTOLARYNGOLOGY SUBSPECIALTIES

* 37. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Neurotology
- ☐ Pediatric Otolaryngology

PATHOLOGY SUBSPECIALTIES

* 38. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Blood Banking/Transfusion Medicine
- ☐ Chemical Pathology
- ☐ Clinical Informatics
- ☐ Cytopathology
- ☐ Dermatopathology
- ☐ Forensic Pathology
- ☐ Hematopathology
- ☐ Medical Microbiology
- ☐ Molecular Genetic Pathology
- ☐ Neuropathology
- ☐ Pediatric Pathology
- ☐ Selective Pathology

PEDIATRICS SUBSPECIALTIES

* 39. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Adolescent Medicine
- ☐ Child Abuse Pediatrics
- ☐ Clinical Informatics
- ☐ Developmental-Behavioral Pediatrics
- ☐ Hospice and Palliative Medicine
- ☐ Internal Medicine-Pediatrics
- ☐ Neonatal-Perinatal Medicine
- ☐ Pediatric Cardiology
- ☐ Pediatric Critical Care Medicine
- ☐ Pediatric Emergency Medicine
- ☐ Pediatric Endocrinology
- ☐ Pediatric Gastroenterology
- ☐ Pediatric Hematology Oncology
- ☐ Pediatric Infectious Diseases
- ☐ Pediatric Nephrology
- ☐ Pediatric Pulmonology
- ☐ Pediatric Rheumatology
- ☐ Pediatric Transplant Hepatology
- ☐ Sleep Medicine
- ☐ Sports Medicine

PHYSICAL MEDICINE AND REHABILITATION SUBSPECIALTIES

* 40. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Brain Injury Medicine
- ☐ Neuromuscular Medicine
- ☐ Pain Medicine
- ☐ Pediatric Rehabilitation Medicine
- ☐ Spinal Cord Injury Medicine
- ☐ Sports Medicine

PREVENTIVE MEDICINE SUBSPECIALTIES

* 41. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Clinical Informatics
- ☐ Medical Toxicology
- ☐ Undersea and Hyperbaric Medicine

PSYCHIATRY SUBSPECIALTIES

* 42. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Addiction Psychiatry
- ☐ Brain Injury Medicine
- ☐ Child and Adolescent Psychiatry
- ☐ Forensic Psychiatry
- ☐ Geriatric Psychiatry
- ☐ Hospice and Palliative Medicine
- ☐ Psychosomatic Medicine
- ☐ Sleep Medicine

RADIATION ONCOLOGY SUBSPECIALTIES

* 43. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Hospice and Palliative Medicine

RADIOLOGY SPECIALTIES

* 44. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Abdominal Radiology
- ☐ Clinical Informatics
- ☐ Diagnostic Radiology
- ☐ Endovascular Surgical Neuroradiology
- ☐ Interventional Radiology
- ☐ Interventional Radiology-Integrated
- ☐ Musculoskeletal Radiology
- ☐ Neuroradiology
- ☐ Nuclear Radiology
- ☐ Pediatric Radiology
- ☐ Vascular and Interventional Radiology

SURGERY SUBSPECIALTIES

* 45. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Complex General Surgical Oncology
- ☐ Hand Surgery
- ☐ Pediatric Surgery
- ☐ Surgery Critical Care
- ☐ Vascular Surgery

THORACIC SURGERY SUBSPECIALTIES

* 46. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Congenital Cardiac Surgery

UROLOGY SUBSPECIALTIES

* 47. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Female Pelvic Medicine and Reconstructive Surgery
- ☐ Pediatric Urology

NEUROLOGY SUBSPECIALTIES

* 48. Please select your subspecialty training program:

- ☐ No Subspecialty
- ☐ Brain Injury Medicine
- ☐ Clinical Neurophysiology
- ☐ Endovascular Surgical Neuroradiology
- ☐ Epilepsy
- ☐ Neurodevelopmental Disabilities
- ☐ Neuromuscular Medicine
- ☐ Pain Medicine
- ☐ Sleep Medicine
- ☐ Vascular Neurology

NURSING

* 49. What is the discipline or specialty of your CURRENT or MOST RECENT clinical training program in Nursing at the VA medical facility you identified for this survey?

- ☐ Nurse Aide / Assistant
- ☐ Licensed Practical Nurse
- ☐ Licensed Vocational Nurse
- ☐ Certified Registered Nurse Anesthetist
- ☐ Clinical Nurse Leader
- ☐ Clinical Nurse Specialist
- ☐ Nurse Administration
- ☐ Nurse Educator
- ☐ Nurse Midwifery
- ☐ Registered Nurse
- ☐ Nurse Practitioner

EDUCATION

* 50. What is the level of your CURRENT or MOST RECENT education program in Nursing?

- ☐ Certificate (Pre-Baccalaureate)
- ☐ Diploma (Pre-Baccalaureate)
- ☐ Associate Degree
- ☐ Baccalaureate Degree
- ☐ Masters Degree
- ☐ Post-Masters
- ☐ Doctoral / PhD
- ☐ Doctoral / DNS, DNSc
- ☐ Doctoral / DNP

NURSING RESIDENCY or FELLOWSHIP

51. If you are in a VA NURSING RESIDENCY or FELLOWSHIP PROGRAM, please select from the list below your CURRENT training program at the VA medical facility you identified for this survey.

- ☐ NOT APPLICABLE
- ☐ Post-Baccalaureate Residency Program
- ☐ Nurse Practitioner Residency Program
- ☐ Pre-Doctoral Research Fellowship
- ☐ Pre-Doctoral Clinical Fellowship
- ☐ Post-Doctoral Research Fellowship
- ☐ Post-Doctoral Clinical Fellowship

CLINICAL NURSE SPECIALIST SPECIALTIES

* 52. Please select your training program:

- ☐ Clinical Nurse Specialist - Adult Health
- ☐ Clinical Nurse Specialist - Adult/Gerontology
- ☐ Clinical Nurse Specialist - Family/Individual Across Lifespan
- ☐ Clinical Nurse Specialist - Neonatal
- ☐ Clinical Nurse Specialist - Home Health
- ☐ Clinical Nurse Specialist - Pediatrics
- ☐ Clinical Nurse Specialist - Public Community Health
- ☐ Clinical Nurse Specialist - Psychiatric/Mental Health
- ☐ Clinical Nurse Specialist - Women's Health/Gender-Related

NURSE PRACTITIONER SPECIALTIES

* 53. Please select your training program:

- ☐ Nurse Practitioner - Acute Care
- ☐ Nurse Practitioner - Adult-Gerontology
- ☐ Nurse Practitioner - Family / Individual Across Lifespan
- ☐ Nurse Practitioner - Neonatal
- ☐ Nurse Practitioner - Pediatrics
- ☐ Nurse Practitioner - Psychiatric-Mental Health
- ☐ Nurse Practitioner - Emergency
- ☐ Nurse Practitioner - Women's Health / Gender-Related

ASSOCIATED HEALTH

* 54. What is the discipline or specialty of your CURRENT or MOST RECENT clinical training program in Associated Health at the VA medical facility you identified for this survey?

- ☐ Audiology
- ☐ Blind Rehabilitation
- ☐ Chaplaincy
- ☐ Chiropractic
- ☐ Dietetics
- ☐ Laboratory
- ☐ Licensed Professional Mental Health Counselor
- ☐ Marriage & Family Therapist
- ☐ Medical/Surgical Support Tech
- ☐ Medical Imaging
- ☐ Occupational Therapy
- ☐ Optometry
- ☐ Orthotics/Prosthetics
- ☐ Pharmacy
- ☐ Physical Therapy
- ☐ Physician Assistant
- ☐ Podiatry

- ☐ Psychology
- ☐ Radiation Therapy
- ☐ Recreation/Manual Arts Therapy
- ☐ Rehabilitation/Other
- ☐ Respiratory Therapy
- ☐ Social Work
- ☐ Speech-Language Pathology
- ☐ Surgical Technician/Technologist
- ☐ Other

ASSOCIATED HEALTH EDUCATION

* 55. What is the level of your CURRENT or MOST RECENT health professions education program in Associated Health?

- ☐ Clinical hours for Certificate (Pre-Baccalaureate)
- ☐ Clinical hours for Diploma (Pre-Baccalaureate)
- ☐ Clinical hours for Associate Degree
- ☐ Clinical hours for Baccalaureate Degree
- ☐ Post-Baccalaureate clinical hours
- ☐ Clinical hours for Masters Degree or Fellowship
- ☐ Post-Masters clinical hours
- ☐ Predoctoral or Doctoral clinical hours, Externship, or Practicum
- ☐ Predoctoral or Doctoral Internship
- ☐ Postdoctoral Residency or Fellowship Year 1
- ☐ Postdoctoral Residency or Fellowship Year 2
- ☐ Postdoctoral Residency or Fellowship Year 3
- ☐ Postdoctoral Residency or Fellowship Year 4
- ☐ Postdoctoral Residency or Fellowship Year 5
- ☐ Postdoctoral Residency or Fellowship Year 6

Thank You for Completing VA Trainee Satisfaction Survey!

Completion Page

CERTIFICATE OF COMPLETION



***You have successfully completed the
2021 - 2022 VA Trainee Satisfaction Survey***

Thank you for your participation!

